

# Form CPF M 102: Campaign Finance Report CITY OF WALTS

Municipal Form

Office of Campaign and Political Finance

2019 JAN 23 A 8: 30

File with:	RECOR	DED
City or Town Clerk or Election Commission  Please print or type all information, except signatures.	•	(5
Fill in dates: Month / / Date Year Month Reporting Period Beginning 1/1/2018 Ending 12	1311 2018	Yeur
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day after election	year-end report	dissolution
GEORGE A. DARCY III GEORGE DARCY	COMMITTEE	
Full Name of Candidate (if applicable)  COUNCILLOR WARD 3  STEPHEN DONE	ee Name	
93 HOBBS RD, WALTHAM MA  93 HOBBS RD, WALTHAM MA  93 HOBBS RD,	ittee Treasurer WALTHAM M	1
Residential Address Committee Ma		
Tel. No. (optional)	Tel. No. (o	ptional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14)	38.5 <u>0</u>	
Line 5: Ending balance (line 3 minus line 4)	38.50	-
Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used DIGITAL FEDERAL CREE		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belie finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liab campaign finance activity of attached activity of attached authority or on behalf of this committee in accordance with the Signed under the penalties of perjury:  Treasurer's signature (trink)	pilities for this reporting per	riod and represents the
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST S	SIGN BELOW)	
Affidavit of Candidate: (check 1 box only)		

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filling separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address		ount	Occupation & Employer (for contributions of \$200 or more)	
				. :	
	•	·			
,					
			+		
Line 9: To	otal receipts in excess of \$50 (or listed above)			·	
ine 11: To	otal receipts \$50 and under* (not listed above)			*	
fron bare:	OTAL RECEIPTS IN THE PERIOD temized receipts of \$50 and under include them in li	0		Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid To Whom Paid Address Purpose of Expenditure Amount (alphabetical listing) Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under\* Enter on page 1, line 4 Line 14:TOTAL EXPENDITURES

\*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		, .		
	1,			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				÷
	,			
		,	v.	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.